



**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	09/943,048
Filing Date	08/30/2001
First Named Inventor	Mawahib M. EL-Naggar
Title	Treatment of Inflammation
Art Unit	1614
Examiner Name	Brian S. Kwon
Attorney Docket Number	

I hereby appoint:

Practitioners associated with the Customer Number: 5409
OR
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name				
Address	5 Fox Glove ct			
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City	Wynantskill	State	NY	Zip
Country	USA			
Telephone	518-283-7659	Fax		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	Ahmed Mousa	Date	09/07/04
Name	Ahmed Mousa	Telephone	518-283-7659
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

 *Total of _____ forms are submitted.

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	09/943,648
Filing Date	08/30/2001
First Named Inventor	Mawaheb N. EL-Naggar
Title	Treatment of inflammatory...
Art Unit	1614
Examiner Name	Brian S. Kwon
Attorney Docket Number	

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<input type="checkbox"/> Firm or Individual Name			
Address	5 Fox Glove ct		
Address			
City	Wynantskill	State	NY
Country	USA		
Telephone	518-283-7659	Fax	

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mawaheb EL-Naggar</i>	Date	09/07/04
Name	Mawaheb EL-Naggar	Telephone	518-283-7659
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.